

# Preschool Development Grant Birth through Five (PDG B-5) Renewal Grant

## Annual Performance Progress Report (APPR) Questions

### Report for 2021 – Missouri

#### Question One

**Discuss in detail, how you used the PDG B-5 grant to support the development or enhancement of your statewide comprehensive early childhood care and education system. If available, use data to support your response.**

Missouri's biggest accomplishment in 2021, overall, was the establishment of the [Office of Childhood](#). Governor Mike Parson signed [Executive Order 21-01](#) to consolidate nearly all childhood programs across state agencies for the Departments of Elementary and Secondary Education (DESE), Health and Senior Services (DHSS), and Social Services (DSS) into a single Office of Childhood. This new office launched on August 28, 2021, and is housed in DESE. The [vision](#) for the Office of Childhood is a comprehensive approach to childhood care and education, including all state programs related to child care, home visiting, early intervention, preschool, and afterschool programs. The transition to one office aims to streamline childhood work across state government and ensure all Missouri children and families have access to more consistent, quality programs, and services.

The transition to the Office of Childhood brought together over 20 programs serving children and families or providing professional development to providers. The office consists of 149 employees in total: 25 employees from education, 88 employees from health, and 36 employees from social services. The organization chart was structured to best support these seven programs\* for children age birth to five.

- Early intervention
- Evidence-based home visiting models
- Parent education (Missouri Parents as Teachers)
- Early Head Start (state-funded slots)
- Public preschool
- Child care subsidy
- Child care licensed/license-exempt

\*Afterschool programs for school-age students are also part of the Office of Childhood.

To help remove silos in the work across agencies, the organization chart for the new office was constructed to have sections and teams of employees representing employees from all three agencies, when possible. You can read more about the transition logistics in the [Office of Childhood Transition Story Board](#).

The PDG B-5 activities throughout 2019-20, as well as supplemental Prenatal to 3 (PN3) and Zero to Three (ZTT) grant-funded activities, were catalysts for creating this new office. Shortly after the announcement of the Office of Childhood, DESE and its PPE contractor distributed the annual stakeholder survey. Details of the survey items and results are available [online](#).

- **Respondents.** There were 681 stakeholders from across the state participated in the survey. The respondents were from state government agencies (7.7%), school districts (16.1%), non-profit organizations (16.8%), early care and education (ECE) providers/professionals (48.3%), parents/family members/caregivers (1.9%), and other positions (9.3%). Some of the answers

provided for other positions included county-level government, early intervention, child care, Head Start, and combinations of the listed options, among others.

- **Survey Items.** Questions focused on two aspects of systems work through the grant: (1) improved partnerships at the state level through coordinated and alignment activities for the state, and (2) improved partnerships in the community through targeted community outreach.
  - **State-level Partners.** The state made measurable progress in how system-building efforts were viewed. In 2019, only 3% of respondents believed we had made solid progress in fully addressing and supporting early childhood system building efforts; however, in 2020, nearly 50% of the respondents believed we have made solid progress.
  - **Community-level Partners.** Again, the state made measurable progress with community leaders indicating more local programs and services working together to support children with multiple risk factors. In 2019, only 19% of respondents believed most programs were working together; however, in 2020, 31% of respondents believed this.

Another important activity in 2021 related to stakeholder engagement was a partnership between DESE and The Hunt Institute to conduct a series of stakeholder engagement activities, including virtual focus groups and online surveys. The compilation of this work was memorialized in a [final report of recommendations](#) for the Office of Childhood. The efforts around stakeholder engagement continued throughout 2021 with small group discussions and implementation activities with The Hunt Institute's steering committee and program leaders in the Office of Childhood. Additionally, the recommendations for a coordinated advisory council were utilized in the recent announcement by Governor Mike Parson, per [Executive Order 22-1](#), to consolidate advisory councils to create the Early Childhood State Advisory Council. As this announcement was made in January 2022, the Office of Childhood will be developing the council throughout this year of the grant.

As the lead agency for PDG B-5 as well as the lead for the Office of Childhood, DESE was well-positioned to advance the coordination and consolidation of programs comprising the early childhood system in Missouri. DESE used PDG B-5 funds for a state contractor to assist with listening sessions and various process mapping activities with staff from all three originating agencies. DESE staff conducted 16 in-person listening sessions and over 100 virtual sessions with key stakeholders around the state.

This activity was especially valuable for programs originating in other agencies (e.g., child care and home visiting) because it provided an opportunity to begin to build relationships across programs and agencies as well as learn the challenges and opportunities for improvement. The top three topics discussed in every in-person listening session were the need for the state to: (1) provide consistent and clear communications, (2) improve access to quality professional development, and (3) simplify and streamline internal processes and procedures, especially those related to accessing and paying for child care.

- **Communications.** One of the immediate and most recognizable improvements the Office of Childhood made in 2021 was in the area of communications. DESE used PDG B-5 funds to support communication improvements in various ways. As part of the transition to the new office, over 240 webpages were moved to a new DESE URL for the Office of Childhood, and where feasible, content was simplified and streamlined.

A new monthly e-newsletter, [Childhood Connections](#), was created with content representing all sectors of the childhood system (e.g., early intervention, home visiting, child care, preschool, afterschool) and distributed each month to over 10,700 family members, professionals, and childhood stakeholders in Missouri. This e-newsletter was made possible by using PDG B-5

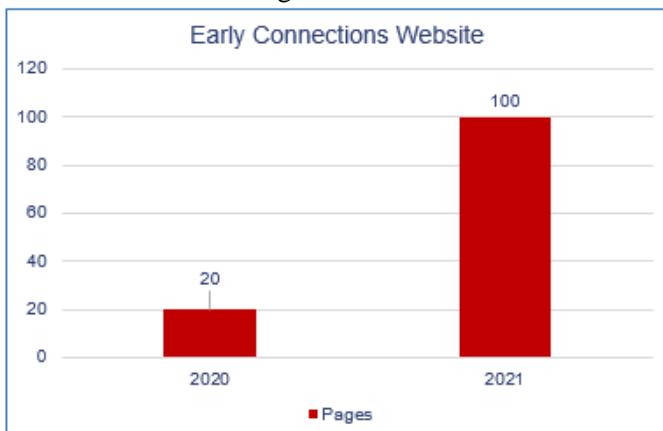
funds to purchase a license to use BenchmarkONE, a communications platform. This e-newsletter is the primary mechanism the Office of Childhood uses to communicate updates, reminders, announcements, etc. At the end of the Childhood Connections newsletter is a section dedicated to PDG B-5 information, including the monthly webinar series and dashboard.

DESE hosts a monthly stakeholder webinar series to highlight the many PDG B-5 activities and progress towards the priority areas and goals. Attendance in the webinar series has been steady with an average of 150 stakeholders participating each month. Shortly after the live event, a copy of the PowerPoint slides is posted on [PDG B-5 Monthly Webinar Series](#) and a recording of the event is distributed to the entire mailing list for those who wish to watch the webinar later. These key metrics of PDG B-5 activities and participation are displayed in a monthly [PDG B-5 Dashboard](#), which is updated at the beginning of each month.

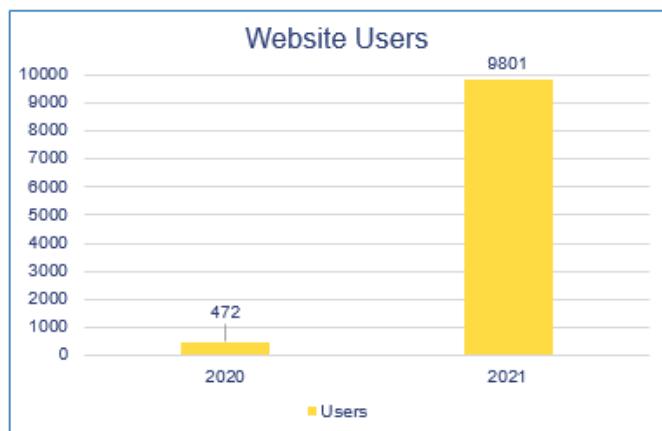
DESE continues to operate the Early Connections website, which receives an average of 340 daily hits. In 2021, DESE staff recognized the one-year anniversary of this website with increased pages on the site and an increased reach to stakeholders. The mailing list for stakeholders to sign up to receive information began in October 2020 and over 1,750 stakeholders signed up in nine months.

The following charts show the growth in access to childhood information through this website:

Number of Website Pages from 2020-21



Number of Website Users from 2020-21



- **Professional Development.** The biggest opportunity for impact in professional development is the acquisition of a modern system to automate registration and training activities for early childhood professionals. Prior to the Office of Childhood, all three agencies were spending funds on professional development activities that were not coordinated with one another. Previously, DSS contracted with a public university for a professional registry, primarily used for child care professionals. Additionally, DSS had a contract to implement a workshop calendar and provide trainings. This calendar manages classes that are primarily intended for child care providers. Over the years, there has been inconsistent use of these systems to track trainings for ECE programs.

To track the professional development of an individual in the early childhood workforce, each registrant is assigned a unique identifying Missouri Professional Development Identification (MOPD ID) number. Currently, registrants can participate in the registry at two levels: basic registration or full enrollment. There are 153,634 MOPD-IDs in the Registry, with 73,535 active and 80,099 non-active MOPD ID registrants in the system (duplicate counts). However, data on the credentials and degrees for registrants are only available for 8,209 individuals since

registration is voluntary and many individuals do not complete a full professional development profile. This inconsistent use of the system does not provide a comprehensive picture to fully understand the qualifications of the workforce.

DESE and its PDG B-5 partners are collaborating to support the use of various trainings, and this collaboration is critical to the success of a [shared professional development registry and training calendar](#). A new professional development registry for all early childhood professionals is needed to ensure that the workforce is attaining the required trainings and professional development, in addition to tracking educational backgrounds, demographics and career progression.

The projections of professionals using the new Professional Development system in its initial stage are:

Child Care Providers .....	35,000
Home Visiting Professionals .....	3,500 (includes 1,100 parent education; 2,050 Part C)
Pre-Kindergarten Teachers / Aides .....	<u>5,100</u>
Total .....	43,600

Another key aspect of the state's professional development system is its non-credit trainings. In 2020, there were 5,193 Missouri clock hour-approved professional development sessions for early childhood professionals, with 2,654 (51%) offered as in-person workshop sessions, 1,752 (34%) offered online in real-time, 309 (6%) offered as conference sessions, and 478 (10%) offered online on-demand. Due to the pandemic, many workshop sessions posted as in-person were adjusted to a virtual format. These data reflect training approved or posted on the workshop calendar only, as data was not available for trainings outside of this system at this time.

DESE is using PDG B-5 funds, in conjunction with child care American Rescue Plan Act (ARPA) relief funds, to review the various training sessions currently in the workshop calendar and revise content and format, as needed, to have up-to-date and quality training available to professionals in the mixed delivery system.

- **Processes & Procedures.** To support improved efficiency and effectiveness for early childhood programs in Missouri's mixed delivery system, DESE used PDG B-5 funds for a state contractor, Accenture, to conduct a series of deep dive meetings (see Question 4 for more information about processes and procedures).

Much of 2021 was spent bringing together 150 team members from different agencies, learning the logistics of the childhood programs under the responsibility of the Office of Childhood, identifying what is working and what is not working, and realizing opportunities for improvement. Much of 2022 will be spent taking action on plans for improvement and using this information to inform strategic planning, such as improving the collection and reporting of childhood data.

The state is in the process of extending a partnership with the Zero to Three Building Foundations for Strong Families grant to review and revise the [current strategic plan](#) for early childhood. This revised strategic plan will not only serve as the PDG B-5 required strategic plan, but also the overall ECE plan and the strategic plan for the Office of Childhood in order to create a unified approach and collective efforts towards strengthening the early childhood system in Missouri.

## Question Two

**How have PDG B-5 funds helped you use existing federal, state, local, and non-governmental resources more efficiently to strengthen the delivery of existing programs? Include efforts to align regulatory standards and requirements, and efficiencies, addressing one, two or all three of these efforts: (1) resource sharing, (2) coordination of services, and (3) reduction in the duplication of services. In addition, describe other approaches to improve resource efficiency. If available, use data to support your response.**

The biggest accomplishment in 2021, related to resource sharing and improving resource efficiency, was the expansion of community leaders as part of a [regional hub model](#) for unifying local coordination of resources and services for young children and their families. As described in the original PDG B-5 renewal application, a regional hub is a coordinating body that provides resources in a designated area of the state with a focus on supporting families with children birth to age five. This coordinated support system is designed to ensure families have the knowledge and resources to make informed decisions about the safety, health, and education of their children. In 2021, DESE and its PDG B-5 partners identified [30 preliminary hub areas](#) across the state.

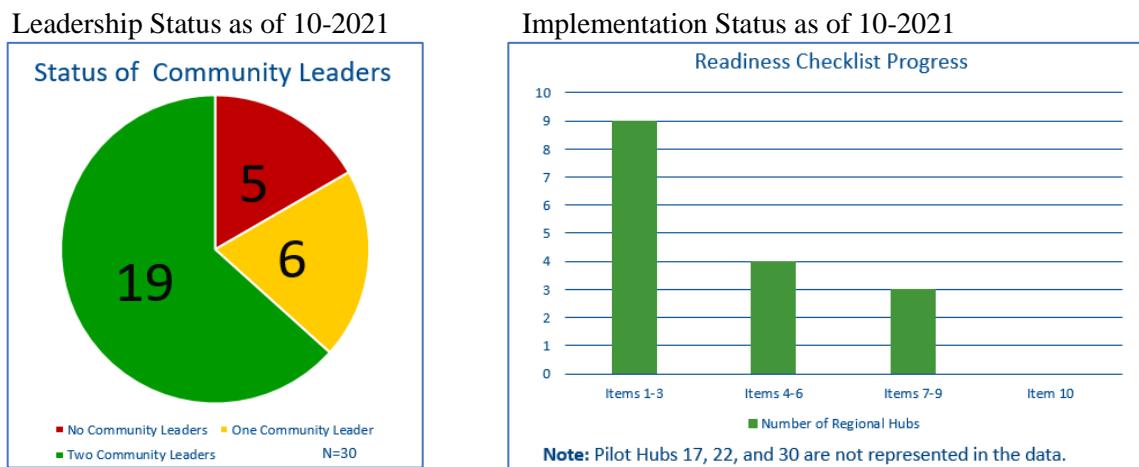
In each preliminary hub area, there are two community leaders that bring together all sectors of the local ECE system (e.g., parent education, home visits, preventative services, social services, preschool, and K-12 school districts) in a centralized way to focus efforts, resources, and strategies towards a shared purpose of preparing children to be ready for kindergarten (i.e., school readiness). One community leader must be from a public school district and the other leader from a private/community organization in order to create public-private partnership at the local level. The primary function of community leaders is to coordinate existing services for young children in a more direct, effective, and family-centered way. Community leaders do not provide direct services as part of the regional hub activities.

In early 2021, DESE solicited nominations for community leaders, resulting in three phases of initial implementation of the “readiness” stage of the regional hub model. The primary activities of readiness are centered around identifying program partners and community stakeholders in the hub area and then creating buy-in for improving and expanding services and supports for children and families.

Specific steps in the hub readiness stage include:

<b>Regional Hub Readiness Checklist for Community Leaders</b> (as measured by: in place, initiated or partially in place, not yet initiated)
1. Educate oneself on the regional hub model.
2. Identify community stakeholders in the hub area.
3. Educate community stakeholders on the primary goal of the regional hub model for school readiness.
4. Develop a comprehensive list of community services (e.g., resource mapping) with community stakeholders.
5. Assess the level of interest and buy-in from community stakeholders for supporting school readiness in the hub area.
6. Form a diverse leadership team consisting of community stakeholders from the hub area.
7. Collect and analyze existing early childhood data.
8. Identify barriers or challenges and possible solutions for a regional hub model in the hub area.
9. Present recommendations to community stakeholders.
10. Submit a final recommendation and completed documentation to DESE.

In the fall of 2021, DESE held a statewide virtual meeting to provide status updates and discuss hub readiness progress with approximately 75 participants. At this time, the status of community leaders was in various stages of readiness, including some regions with both community leaders identified and other regions with no community leaders identified yet. Approximately 83% of the regions in the state had identified at least one community leader and most of the hub areas were working on items one to three in the checklist of readiness activities.



To support the implementation of readiness activities, DESE created a toolkit of materials for community leaders that included the readiness checklist and corresponding manual, as well as a sample meeting invitation, press release information, and a PowerPoint slide deck. By using similar materials across the regions, we can promote a consistent message and brand for readiness activities at the local level. The community leaders conducted resource mapping in their respective regions to identify and chart community resources used by families with young children. They identified resources in the following categories; basic essential, early care and education, career and adult education, health and wellness, recreation and social opportunities, and safety resources. Definitions for each of these categories can be found in the [Regional Hub Readiness Handbook](#). The community leaders received technical assistance from a team of consultants who provided in-person and virtual supports to assist in completing readiness work. There consultants also maintained a shared drive of resources for the community leaders, which allowed for collaboration across regions.

Overall, the feedback from readiness activities in 2021 has been positive. Evidence of impact thus far has been qualitative data through comments from community leaders and consultants during regional and statewide meetings. The most common comment has been increased awareness of available resources and program eligibility to support more meaningful referrals across the regional hub areas, followed by comments about gaps in the availability of programs for young children in some communities that are available in others (e.g., public preschool, child care). Community leaders expressed that having meeting with the other ECE providers in their region helped refer families to the best program to meet families' needs, instead of defaulting to what was available. Building relationships with other providers has helped build a community of cooperation instead of competition.

### Top Readiness Themes Shared Across the State

1. Learning about what is available in the community
2. New voices and perspectives are being heard, such as child care providers
3. Ability to find the best fit for the family's needs

These comments and other suggestions from community leaders will be formalized in Step 10 of the readiness activities that requires the community leaders to generate a final report of the outcomes and recommendations for the regional hub model in their area. Additionally, DESE staff will administer a survey to collect quantitative data to assist with evaluating the impact of readiness activities as part of the final report. The results of the survey will determine the extent of activities necessary for the next stage of the community leader activities.

**Promote School Readiness in the Local Community through:**

**Increasing Awareness of:**

- Resources in the local community
- Early childhood programs in the area
- Strengths and needs of the region

**Promoting Childhood Programs by:**

- Conducting targeted community outreach activities
- Recruiting providers to work in early childhood programs in the area
- Consolidating networking activities and advisory activities when possible

In the original PDG B-5 renewal application, the state indicated the purpose of coordinated enrollment is to strengthen family access to resources through either an online questionnaire or phone call. Based on the family's response, a referral will be made to the most appropriate ECE program or community resource in the region. DESE originally planned to do implement this through a central data system to collect children and family information as they "enroll" in a regional hub. While the overarching purpose remains the same, to strengthen access to ECE programs, since originally applying, the state has changed how to do that. Rather than establishing another data system to collect personally identifiable information (PII), DESE shifted focus to designing a set of interactive webpages for families to ask general questions (e.g., which county do you live in, how old is your child) and collecting all ECE resources at the community level to display only the resources that meet the families' need.

As DESE implemented PDG B-5 activities in conjunction with one another, such as the early childhood integrated data system (ECIDS) and regional hubs, and conducted further research into existing programs, we realized coordinated enrollment and intake forms may not be first place to focus efforts, because for ECIDS, we need the capability to collect PII at the program level in order to populate the state's ECIDS. Rather than using PDG B-5 to fuel efforts for additional collection of PII through a coordinated enrollment system, DESE shifted efforts to collect and maintain up-to-date resources for families with young children, and put efforts towards the capacity for all childhood programs to collect PII electronically through data systems utilized at the individual program level (see question 6 for more information about coordinated enrollment and question 8 for more information about ECIDS).

Additionally, as part of the creation of the Office of Childhood, DESE identified multiple contracts with requirements and activities similar to the regional hub model, including three contracts with activities related to resource sharing, three contracts that process phone calls from families to assist with resource sharing, and five contracts that have outreach and awareness activities included in the scope of work. In 2022, DESE will work to reduce this duplication and streamline how families with young children access resources in their local community. The readiness activities and final reports from community leaders will provide valuable information and inform the state of the local needs to consider as we enter the next stage of community leaders work ongoing efforts for improved resource sharing and efficiency.

### Question Three

**How have PDG B-5 funds helped you improve the coordination and delivery of services across models and funding streams in the state's mixed delivery system? In your response, include Head Start and child care providers, home visiting and preschool programs, state and local governments, Indian tribes and tribal organizations, private entities (including faith and community-based entities) and local educational agencies, if applicable. If available, use data to support your response.**

The biggest accomplishment in 2021, related to the coordination and delivery of services, was the revision to the developmental monitoring procedures in order to coordinate more effective referrals to programs across the mixed delivery system. The goal of this revision was to better articulate how developmental monitoring, screening and referrals are coordinated between programs serving young children.

DESE contracted with the Missouri Help Me Grow partner (e.g., ParentLink) in order to research screening tools and properties important for developmental monitoring. DESE also partnered with the Missouri Chapter of the American Academy of Pediatrics (MOAAP) to collect additional perspectives about healthy development, medical conditions, and developmental surveillance as required by health care professionals. State staff met with ParentLink and MOAAP on a monthly basis throughout the year to review and discuss screening definitions and properties, as well as to design a flow chart that depicts the steps and processes for programs in the ECE system. State staff finalized the [screening and referral process](#) and developed a communication plan for distributing the information to the public, including ECE professionals.

The state team members leading this effort were from various programs that utilize home visits as the primary service delivery method. As part of the creation of the Office of Childhood, four different programs serving infants and toddlers through home visits were consolidated in the office, including (1) early intervention (Part C of the Individuals with Disabilities Education Act), (2) evidence-based home visiting models intended to promote healthy outcomes for mothers and babies (Maternal Infant Early Childhood Home Visiting funded programs), (3) evidence-based home visiting model intended to prevent child abuse and neglect (Adapted Healthy Families America), and (4) Missouri parent education program that utilizes the Parents as Teachers curriculum (state-funded home visiting). There are both family- and child-level data collected from the various programs, as indicated in the following chart.

OOC Program Name	State Office Staff Count	Fiscal Year 2021 Count	Fiscal Year 2021 Budget
Early Intervention	9	15,733 children	\$50,972,801
MIECHV	8	1,040 families	\$4,611,500
Abuse/Neglect Prevention	2	1,409 families	\$9,400,000
Parent Education	4	34,793 families	\$23,317,175
State Partner Programs	State Office Staff Count	Fiscal Year 2021 Count	Fiscal Year 2021 Budget
Early Head Start (state-funded slots)	1	444 children	\$6,000,000
Children's Trust Fund* (Abuse/Neglect Prevention)	5	472 families	\$892,417

\*Fiscal Year 2020 data

Due to the office consolidation, DESE focused more effort and resources on coordinating between programs, specifically in reviewing and revising home visiting policies, procedures, and definitions. For

example, the organization chart for the Office of Childhood was adjusted to move the parent education program out of the early intervention section and into the home visiting section to better coordinate the use of the Parents as Teachers evidence-based curriculum across home visiting programs and ensure programs were supervised by same section manager (see Appendix A: Organization Chart). The restructuring of home visiting also allowed for consistency in technical assistance and ongoing professional development to assist programs implementing evidence-based models or curriculums.

In addition to home visiting programs, the new office consolidation provided an opportunity to structure state staff to better support coordinating policies and procedures across ECE programs for child care, Head Start, and public preschool, including early childhood special education and Title I preschool. With staff coming together from multiple offices and units across agencies, much of 2021 was spent on learning each of the programs.

The launch of this new office also provided the opportunity to map current processes and identifying the biggest challenges for coordinated services. First and foremost, the state needs data systems in order to understand how many children are being served and where; however, the collection of data in a timely manner and the ability to display key data points for tracking progress is lacking. For example, child care subsidy collects attendance data but public preschool only collects enrollment at a point-in-time. This is another reason that DESE shifted focus from coordinated enrollment to improving data systems at the program level and building ECIDS. When other programs are included in ECIDS, DESE will be able to better analyze referral data.

Currently, the only program in the Office of Childhood that has a near real-time data system that can track referrals from specific sources, enrollment, eligibility, and attendance/service utilization in a single system is the early intervention program. Using the early intervention referral data for calendar years 2020 and 2021, we can see there was an increase of approximately 2,000 referrals to early intervention and most of the referrals come from healthcare professionals, including hospitals, neonatal intensive care units, and physicians, as displayed in the following chart.

First Steps Early Intervention Referral Data

Calendar Year	Total Referrals	Health/ Medical	Parent (self)	Social Services	Education	Child Care	Public Health
2020	12,208	5,737	4,135	1,127	731	377	101
2021	14,279	6,704	5,089	1,133	823	426	104

A deeper dive into specific referral source data, when compared to eligibility rates, the referral source in 2020 with the highest rate for eligibility and parent permission to participate was neonatal intensive care units (54%); however, in 2021 the highest eligibility and permission rate was referrals from school districts(56%). The ability to collect this detailed information (e.g., referrals and eligibility rates) is important for the state to make policy and funding decisions.

Another opportunity for coordinating developmental screening and referral activities across programs supported by the Office of Childhood is the training initiative conducted in 2021. DESE used PDG B-5 funds to provide several series of virtual trainings to help promote the importance of developmental milestones, screening, and appropriate referrals based on the families' needs instead of the availability of services, which can help us provide equitable access to programs and services for young children.

These trainings also provided the opportunity for professionals to attend with colleagues from their own program setting as well as other programs to network and learn from one another.

The following chart shows the types of and participation in the various trainings:

Multidisciplinary Training Participation Data - 2021

Topic	Child Care	Educator	Early Intervention	Home Visiting	Other
Developmental Milestones	160	141	110	35	37
Developmental Screening (Ages & Stages Questionnaire - 3 <sup>rd</sup> edition)	185	113	24	61	44
Social Emotional Screening (Ages & Stages Questionnaire - Social/Emotional)	150	142	21	68	45

The Office of Childhood is well-positioned to take the work that was completed for home visiting programs and expand this work to other programs like child care. There is much work to do to align programs within child care (e.g., licensed, license-exempt, registered for subsidy) and public preschool programs.

In 2021, the Office of Childhood consolidated the background check process for child care licensing and subsidy to just one check instead of two. Additional activities to increase coordination across these programs are planned for 2022, including streamlining enrollment paperwork like checklists and forms and aligning requirements for applications to be licensed and registered for subsidy payments.

#### Question Four

**Taking into account the realities of COVID, describe how PDG B-5 funds have helped you develop recommendations to better use existing resources to serve more children and families and improve the overall participation of all children in a mixed delivery system of federal, state, and local early childhood care and education programs. Please ensure your response includes specific mention of infants and toddlers, vulnerable, underserved, or unserved children and children with, or at risk for, disabilities – even if these recommendations may not be implemented until after the pandemic is under control. If available, use data to support your response.**

The biggest accomplishment in 2021, related to the use of existing resources to serve more children, was the creation of the Office of Childhood on August 28, 2021 to consolidate nearly all early childhood programs into a single governance. There has not been enough time since the creation to see the impact of this new office, but in coming years families and professionals will see improved efficiency and effectiveness in services for young children.

An important consideration for improving participation is the ability for staff in this new office to improve the efficiency and effectiveness in administering childhood programs in the mixed delivery system. DESE used PDG B-5 funds for a state contractor, Accenture, to conduct a series of deep dive meetings and rumble sessions with over 45 team members representing all three agencies in the Office of Childhood.

- In 2021, there were 19 deep dive meetings consisting of 60-minute discussions centered around the current state processes, areas identified to further analyze, and opportunities for process and system improvement. Programs and processes discussed included licensing forms and website, subsidy payments, payment resolution requests, home visiting, and parent education services.
- In 2021, there were 9 rumble sessions consisting of four to eight hour in-person meetings that built upon deep dive topics and leadership interviews with further discussion and process mapping. Rumble sessions focused on the citizen-, child-, and provider-centric mindsets while discussing internal state processes.
- The outcomes of these activities were identified challenges, proposed solutions, and a set of recommendations for quick wins, medium- and high-effort solutions for a more coordinated and efficient early childhood system.

<b>Identified Challenges</b>		
Merging departments from three different agencies spotlights <b>independent processes</b> within each agency. These detached processes have caused the citizens using the services to navigate their work around the agency, versus the agency helping its citizens. <b>Communication</b> internally and externally has been an issue throughout the project. Not providing clear and constant communication to team members and stakeholders does not build trust and creates fear of the unknown which affects positive progress.	Providers struggle with <b>access to clear information, instructions, and the ability to share information</b> . Reaching people who can help is difficult and often frustrating when they don't have the necessary information. <b>Website content</b> is not intuitive and difficult to navigate. There is a need to restructure information and for navigation to be more citizen-centric versus adapting to agency requirements. Changes to the DESE website should prioritize the provider prospective and aim to reduce the complexity of finding and using processes.	<b>Providers are overwhelmed</b> by the volume of data required to maintain compliance. Professional development is an area that lacks specific direction for providers needing to continue to build their skills and follow a learning path to grow. <b>Data</b> are being collected in places, but not aggregated and analyzed into meaningful metrics to gauge program effectiveness. Not having solid data makes it difficult to focus resources on key issues/needs to make positive changes. Additionally, lack of data with current contracts makes it difficult to measure accountability.

Proposed Solutions		
<ul style="list-style-type: none"> <li>• Communicate more regularly to provide clarity and engagement before, during and after a change.</li> <li>• Build trust by informing internal (staff) and external stakeholders of new information.</li> <li>• Build <b>trust</b> by communicating upcoming changes to internal staff. Educate all employees on what it takes for citizens to receive services from the Office of Childhood.</li> <li>• Break down silos by increasing internal and external communication.</li> <li>• Design <b>solutions</b> putting the citizen in the center of the improved processes.</li> </ul>	<ul style="list-style-type: none"> <li>• Update the child care licensing homepage and organize buttons into logical groupings from a provider perspective.</li> <li>• Remove repetitive information such as the three separate “training” options on the main page.</li> <li>• Provide a TurboTax-like tool for provider applications.</li> <li>• Improve supporting content for <b>customers</b>, such as videos and checklists.</li> <li>• Create an intake/ambassador team to walk providers through the application process.</li> <li>• Implement a contact center and Chat Bot to walk providers through necessary steps.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to eliminate paper forms and processes in favor of digital solutions where data can be more readily compiled and visualized to produce actionable insights.</li> <li>• Make <b>data driven decisions</b> that support both process and program changes.</li> <li>• Implement a Learning Management System for better tracking of training.</li> <li>• Create a learning path for providers to continually grow and build skills.</li> <li>• Before making a needed change to a form, process or webpage, test solutions and alternatives with users and let that data drive design decisions.</li> </ul>

Part of the office transition activities included reviewing and cataloging over 200 contracts including timelines, performance measures, and funding sources. This activity resulted in a detailed excel spreadsheet that is utilized by all contract and project managers in the new office to identify similar projects and discuss consolidation with other contract managers. In 2022, as contracts expire or renew, staff are cross-walking requirements and looking for opportunities to eliminate duplicate work and/or reduce the number of contracts for similar activities.

The work to align contracts in an effort remove duplication of services and improve efficiency will continue in 2022. A contractor will help with contract alignment while Office of Childhood employees take a deep dive into fiscal and budget mapping, these activities will help reduce duplication while ensuring sustainable funding and continued efforts to meet funding requirements. The annual budget for the Office of Childhood is approximately \$660 million, not including any COVID-19 relief funding that more than doubles the funding for the office. Due to time constraints, fiscal mapping activities were started but not completed in 2021, but are expected to be completed in 2022 as part of the development of program descriptions and budget measures for the state’s annual budget documents.

### **Impact of the COVID-19 Pandemic**

Due to COVID-19, it has been a challenge to improve overall participation in early childhood programs. Like many other states, Missouri has seen a decrease in enrollment and services for young children (e.g., developmental screenings, the number of children in child care, the number of children referred for early intervention) since the beginning of the pandemic. Although services and programs for young children declined approximately 30% between 2020 and 2021, we are beginning to see small increases in the number of programs, providers and participants, indicating that we are on our way back to pre-pandemic numbers.

The data included throughout this annual report were collected in the midst of the COVID-19 pandemic; it is likely the data do not provide a true representation of what’s available across the state or a true account of what’s expected for participation levels. As the pandemic wanes and families return to early childhood programs and services, we must be ready to provide support where needed.

It's important to remember most early childhood programs are voluntary; families must provide written consent or verbal permission to participate in a particular program and service. The design of such programs and services must meet what families need or they will not be interested in participating.

As part of increasing parent engagement in the efficiency and effectiveness of programs and services, DESE staff are leading efforts to reinstate the Parent Advisory Council as part of partnering PDG B-5 funds for training on parent, family, and community engagement with the Early Childhood Comprehensive Systems (ECCS) grant awarded to Missouri in 2021. This grant was included in the programs that transitioned to the Office of Childhood.

### **Data Collection**

Another consideration for improving participation in the mixed delivery system is the ability to collect valid and reliable data. For example, as mentioned in question 3, the early intervention program is able to collect and report various data points such as referral date and source, eligibility rates, and services. This enables the early intervention program to plan child find and outreach activities based on where referrals are lower than expected. Plus, when layered with information on geographic areas and family demographics, programs can make informed decisions to support more equitable access to services that meet the families' needs. This level of data collection also provides the ability to target funding for services to areas in the state that are of high need or increased access to families and children with high needs (see question 3 for more information about equitable access with appropriate referrals and question 6 for more information about vulnerable populations).

A challenge with data collection is the inability to report an unduplicated count of families participating and/or children served. When the ECIDS project is complete later this year, the state will have the ability to report children served by multiple programs and by multiple demographics such as age, gender, race, geography, etc. (see question 8 for more information about ECIDS).

To better inform the expectation for serving young children, as part of strategic planning activities in 2022, DESE and its contractor are working on a way to establish a new trend line for program participation that is based on the expected number of children that should be served in each program (leading data points), not the actual participation that was achieved in the past (lagging data points). This is a mindset shift for many working in public-funded programs as budgets and policies often look at trends in past performance, not progress towards expected performance. We are shifting to this way of thinking in order to better track underserved populations and areas of the state. In doing this, we can better resource communities that do not have access to needed services, through additional funding opportunities, start-up grants, etc. These efforts are already part of the strategic planning activities in 2022 and will help create more meaningful performance measures for program participation (e.g., targets based on numbers that should be served and not numbers served in the past).

Recently, DESE received a legislative request to provide workforce data for the possibility of additional state funds to increase rates for developmental screenings and early intervention services in order to support the enhanced referral processes for identifying developmental delays in infants and toddlers. DESE has also requested appropriation to spend federal child care ARPA funds to support the ongoing relief and response to the pandemic. Several advocates in Missouri have requested the ability for local education agencies to use additional funds for public preschool programs as part of the foundation formula for funding Kindergarten - Grade 12. If activities like these mentioned here are appropriated for the next state fiscal year, DESE will be able to implement several strategies to strengthen the child care workforce and improve the quality of early learning programs. Not only will the child care industry benefit from these activities, but the local communities as a whole will benefit as we continue to focus on the safety, health, and learning opportunities for children in early learning programs.

## Question Five

**Taking into account the realities of COVID, describe how PDG B-5 funds have helped improve program quality, and the degree to which you have been able to maintain access and availability of services. Include in your response, workforce initiatives, expansion or revisions of quality standards, program expansion. If available, use data to support your response.**

The biggest accomplishments in 2021, related to program quality and workforce development, was the return to onsite classroom assessments and the initiation of a workforce development project to strengthen Missouri's mixed delivery system. Now more than ever in the ongoing pandemic, young children need a quality program to attend and a qualified workforce to support their health and development.

### **Quality Assurance Report (QAR)**

DESE used PDG B-5 funds again in 2021 to partner with Missouri Learning Communities Project and University of Missouri to support the quality and improvement of early learning programs across the state who volunteered to participate in a Quality Assurance Report (QAR) pilot. The QAR is Missouri's version of a quality rating system and it currently being piloted by both public and private programs around the state. More information about the QAR framework and cohorts can be found on the [QAR website](#).

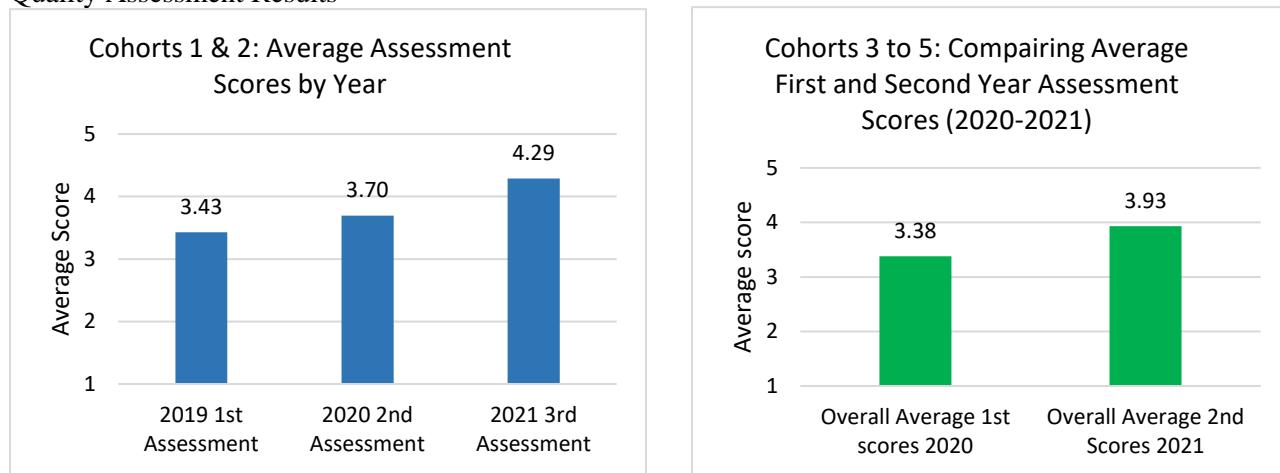
The focus of the work in 2021 was on family and community engagement, learning environment, child screening and assessment, professional development, and teacher staff qualifications within the classrooms. The early learning programs participating in pilot cohorts 1 through 5 received an onsite assessment using the appropriate Environment Rating Scale (e.g., ECERS-3), virtual and on-site technical assistance, and virtual professional development trainings.

As described in the [2021 QAR report](#), 196 classrooms from pilot cohorts 1-5 received 850 technical assistance visits (739 on-site and 111 virtual). There were 208 environmental assessments completed with programs in these cohorts. Some programs received two assessments in 2021 due to COVID restrictions in 2020 preventing the environmental assessments from being completed onsite.

Results indicated, of the 208 classrooms assessed, 85% of classrooms demonstrated improvement. Overall, the pilot cohorts increased their average environmental assessment score by approximately 16% from the 2020 assessment to their most recent assessment in 2021.

Detailed results can be found in the charts below, based on a 7-point rating scale, where a score below 3.00 is considered "poor", a score between 3.00 and 4.99 is considered "average", and a score above 5.00 is considered "good."

## Quality Assessment Results



In 2021, the DESE Office of Childhood began exploring a different model to be implemented in 2022 for the sixth cohort. This model includes using the Classroom Assessment Scoring System® (CLASS), a leading quality improvement system for teaching that measures teacher-child interactions. The Office of Childhood is also testing the efficacy of a model that provides assessment and technical support related to program administration, before providing supports in classrooms.

Legislation is being proposed in Missouri to sunset the “pilot” portion of the state statute, which would make the QAR a permanent, voluntary activity for early learning providers to participate.

## Workforce Development

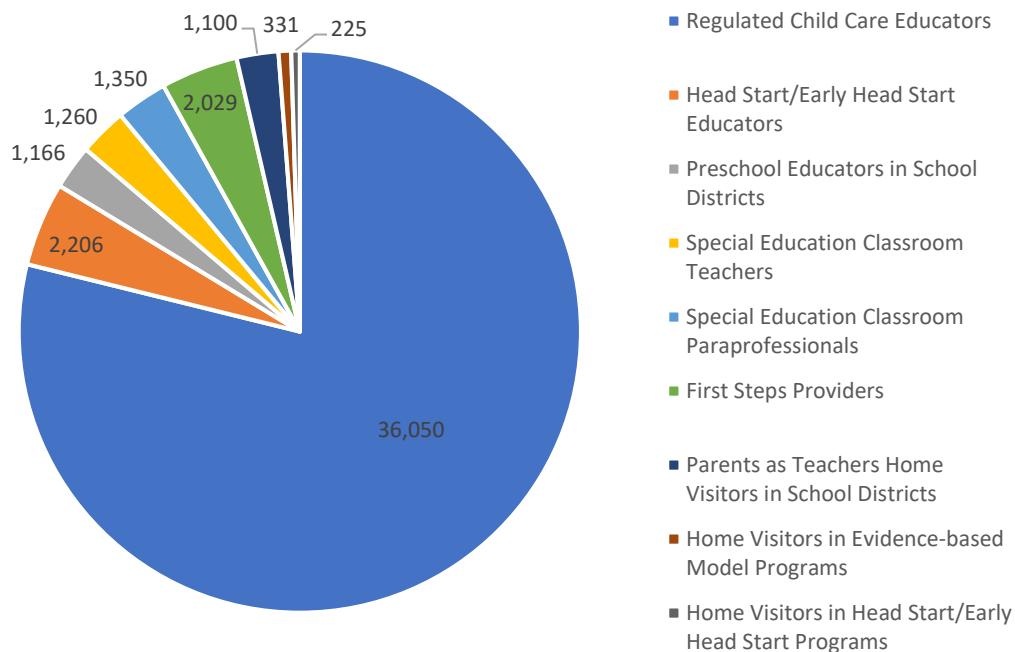
As the state continues PDG B-5 activities in 2021, in partnership with the state’s Zero to Three Building a Strong Foundation for Families (ZTT BSFF), we worked with several public 2-year colleges and 4-year universities with experience in developing early childhood systems and workforce development initiatives to strengthen Missouri’s early childhood system. The focus of the work in 2021 was pre-work activities to prepare the state to take action. These pre-work activities included data analysis, re-convening a workforce advisory council, alignment of degrees and career pathways with professional standards, developing a coordinated program to offer dual credit for child development associate (CDA) programs offered in high schools, and creating resources that show the potential pathways for early childhood educators.

In 2021 data analyses of early childhood workforce data from various sources was conducted. Determining the number of individuals in the early childhood workforce is challenging because the field is siloed and each sector collects data for its specific applications.

Approximately 45,000 professionals are part of Missouri’s early childhood workforce, 92% of whom are educators that work with groups of children and 8% are home visitors that support children and families.

The following chart depicts a breakout of the types of professionals:

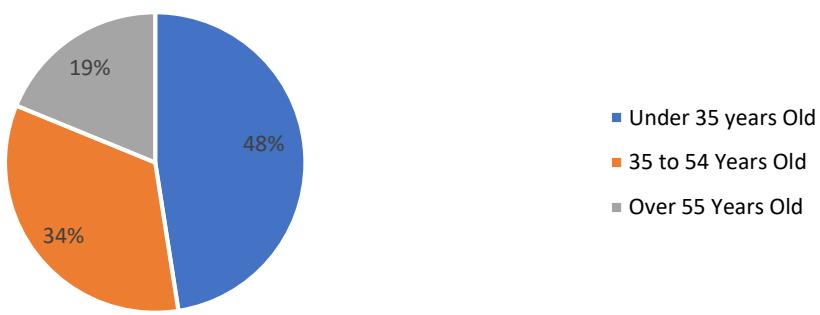
## Estimated Persons in Missouri's Early Childhood Workforce



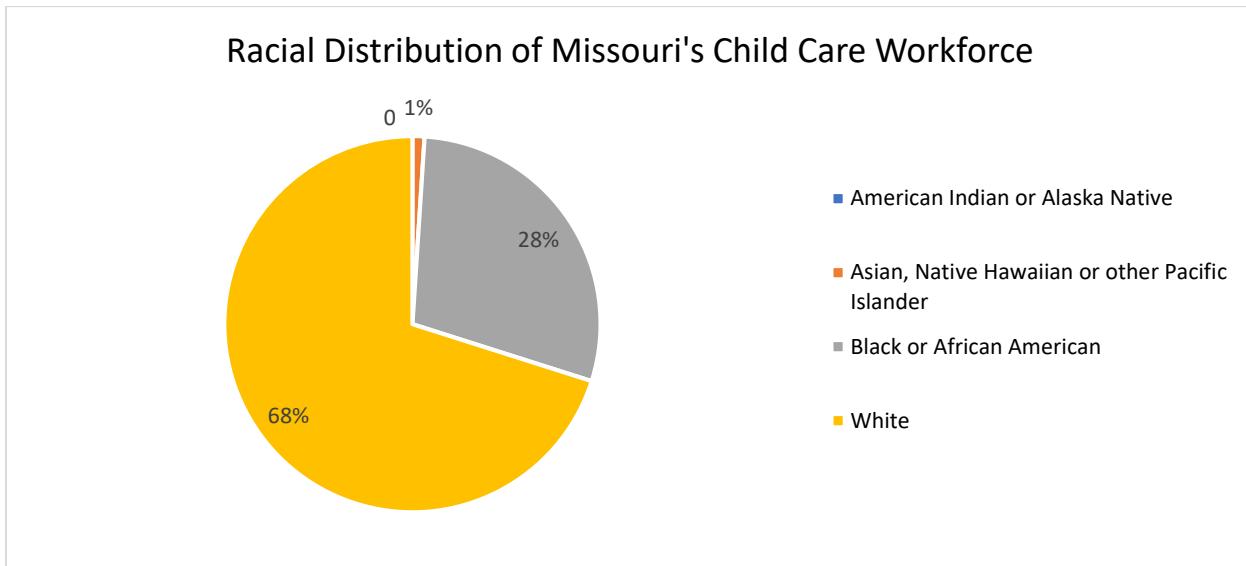
Missouri's early childhood workforce is predominantly female workers (95%) under age 35 (48%). About one-third of Missouri's early childhood workforce does not have a credential or degree beyond a high-school education.

The following chart shows the age of Missouri's early childhood workforce, with worker ages slightly skewed to a younger age group:

## Age of Missouri's Early Childhood Workforce



The following chart shows the racial distribution of Missouri's early childhood workforce, which is predominantly white:



Data that explore the degree to which early childhood staff in Missouri speak English or other languages were not available in 2021. Similarly, there do not appear to be any data examining the degree to which early childhood staff are born in the United States versus other countries.

### Workforce Advisory Council Outcomes

A Workforce Advisory Council proposed goals and an accompanying implementation plan for the workforce development activities through 2030. The goals and plan are currently under review by the DESE Office of Childhood staff. During the review process, the Office of Childhood is ensuring alignment with other initiatives and timelines.

### Clustered Occupations of the Early Childhood Workforce

Profession	Occupations	Typical Settings
<b>Field: Early Childhood Education</b>		
Pre-Early Childhood Educator	• Classroom or Child Care Aide	
Early Childhood Educator I	• Classroom or Child Care Aide	
Early Childhood Educator II	• Assistant Teacher • Paraprofessional • Teacher (birth through five years)	• Child care centers • Family child care homes • Head Start/Early Head Start • Preschools • Private homes
Early Childhood Educator III	• Teacher (birth through third grade) • Early Childhood Special Educator • Early Intervention Provider	• Child care centers • Family child care homes • Head Start/Early Head Start • Preschools • Private homes
<b>Field: Home Visitation</b>		
Home Visitor	• Parent Educator • Case Manager/Service Coordinator	• Private homes
<b>Field: Social Work</b>		
Family Advocate	• Health Services Coordinator • Family Liaison	• Child care centers • Head Start/Early Head Start • Schools and school districts
Case Worker	• Case Manager/Service Coordinator	

## **Pathway Outcomes**

The contractor developed a draft of four different career pathways for ECE professionals. One for secondary education students, early childhood workers with no training, early childhood workers with a Child Development Associate (CDA) or 90 Clock hours or training, and one for early childhood educators.

The focus of the work in 2021 was pre-work activities to prepare the state to take action, which included:

- Conducted data analyses of early childhood workforce data from various sources.
- Re-convened a workforce advisory council, evaluating the composition and discussing scope of work needed to strengthen and align the early childhood workforce.
- Worked towards the alignment of competency-based integration into degrees and clear career pathways with *NAEYC Professional Standards and Competencies for Early Childhood Educators; the leveled designations for early childhood educators (I, II, & III) from the NAEYC Power to the Profession*; and the *Missouri/Kansas Core Competencies for Early Childhood Professionals* alongside core course objectives in Missouri certification and degree programs.
- Worked with community colleges to develop a coordinated program to offer dual credit for child development associate programs offered in high schools.
- Created resources that show the pathways for early childhood educators for different audiences (e.g., graduating high school students, young adults entering the workforce, people seeking a career change and wanting to work directly with young children).

In 2022, Missouri and its partners will review and revise the draft workforce plan developed in 2021 and implement workforce activities to continue developing professional pathways for early childhood professionals, including additional analyses of gaps and overlaps in early childhood workforce data. Missouri will use the research and design activities for career pathways that were developed in 2021 to create interactive workforce development web pages to assist with recruiting and retaining ECE professionals.

## Question Six

**How have PDG B-5 funds helped maximize family and parental choice and knowledge of engagement with existing programs in the state's mixed delivery system, easing access to all services? Include specific mention of progress related to coordinated application, eligibility, and enrollment. If available, use data to support your response.**

The biggest accomplishment in 2021, related to coordinated enrollment and eligibility, was the completion of research and design for a coordinated enrollment website to make it easier for families to find the services and resources they need.

In the original PDG B-5 renewal application, the state planned to have a central data system to collect children and family information as they “enroll” in a regional hub. While the overarching purpose remains the same, to strengthen access to ECE programs, since originally applying, the state has changed how to do that. Rather than establishing another data system to collect PII, the state shifted focus to designing a set of interactive webpages for families to gather general information (e.g., which county do you live in, how old is your child) and increasing the collection of ECE resources at the community level in order to display on the website only the resources that meet the families’ current situations.

With the creation of the Office of Childhood, several data systems and applications that house data for early childhood programs did not transition to the office immediately, and these will slowly transition or be re-built over the next 18-24 months. This delays the ability for the state to identify a data system that can be used for coordinated enrollment and eligibility. In the meantime, the project team is focusing on existing resource and referral databases held by contractors and websites that can be used to promote meaningful referrals to assist with aspects of coordinated enrollment through appropriate referrals.

DESE used PDG B-5 funds to execute a contract for consulting services with Children’s Mercy Hospital (CMH) to support the development of a coordinated enrollment system that considers the features of Promise 1000 coordinated intake system for evidence-based home visiting programs in the Kansas City, Missouri area, per the state’s original PDG B-5 renewal application.

A work group was established to research and design a statewide system of coordinated enrollment and eligibility (CEE). The group consisted of representation from CMH, members from the Office of Childhood programs for parent education, home visiting and early intervention, as well as several contractors supporting data systems for early intervention, home visiting, and ECIDS.

The work group completed the following activities in 2021:

- Researched and aligned program eligibility criteria and data elements in the various programs in the Office of Childhood. Common eligibility criteria were identified including high needs criteria from multiple programs (e.g., low-income, child abuse/neglect, developmental delays). Common data elements were identified for all home visiting programs in the Office of Childhood.
- Designed a draft concept map for a Missouri coordinated enrollment system that incorporates parent education, home visiting, and early intervention program team members (see Appendix B)
- Shared the coordinated enrollment concept map with stakeholders, including community leaders in regional hubs. The original coordinated enrollment concept was shared with 50+ stakeholders and community leaders in August 2021 and a revised concept map was shared in January 2022, which included a definition of coordinated enrollment, the four phases of the project, and the updated concept map.
- Determined categories and sub-categories for statewide resources to be used when displaying resources in a series of interactive web pages, which will support a coordinated enrollment and

referral system for families (see Appendix C for the proposed categories and sub-categories as of December 2021).

- Researched and evaluated five coordinated enrollment systems, thus far, that are used by other agencies in Missouri and other states across the nation. Additional reviews are planned in 2022 as Missouri continues to consider a system that would be used for navigating resources as well as collecting and storing PII.

As DESE implemented PDG B-5 activities in conjunction with one another, such as ECIDS and regional hubs, and conducted further research into existing programs, we realized coordinated enrollment and intake forms may not be first place to focus efforts, because for ECIDS, we need the capability for to collect PII at the program level in order to populate the state's ECIDS. Rather than using PDG B-5 to fuel efforts for additional collection of PII through a coordinated enrollment system, DESE shifted efforts to collect and maintain up-to-date resources for families with young children, and put efforts towards the capacity for all childhood programs to collect PII electronically through data systems utilized at the individual program level (see question 8 for more information about ECIDS).

The work group identified how coordinated enrollment project runs parallel to other projects in the PDG B-5, including regional hubs and data systems. There are five major data system projects in various stages of the software development lifecycle: (1) ECIDS is currently in the development stage, (2) home visiting data system is currently in the integration stage as CMH assists the state in moving multiple home visiting data into one REDCap system, (3) professional development registry (PDR) system is currently in the procurement stage, (4) coordinated enrollment and (5) child care data system are both in the requirements gathering and analysis stage to define system inputs, processes, outputs, and interfaces. Using the same analysis team to conduct a staggered approach of requirements gathering and analysis allows for deeper understanding of the common processes, common data elements, and relationships between systems.

The work group also identified common language for consent forms that can be used by all programs housed in the Office of Childhood. Although the state is focusing efforts on strengthening the individual programs' data systems for ECIDS, and is not yet ready for a universal enrollment form or a centralized data system that collects PII, this common language for how to explain coordinated enrollment will be important to launching ECIDS.

## Question Seven

**Taking into account the realities of COVID, describe how PDG B-5 funds have helped enhance school readiness for children from low-income and disadvantaged families, and assisted in the development of effective transitioning practices for children into elementary school. If available, use data to support your response.**

The biggest accomplishments in 2021, related to school readiness for all children, was the completion of agreed-upon school readiness indicators and the initial implementation of a kindergarten entry assessment pilot project.

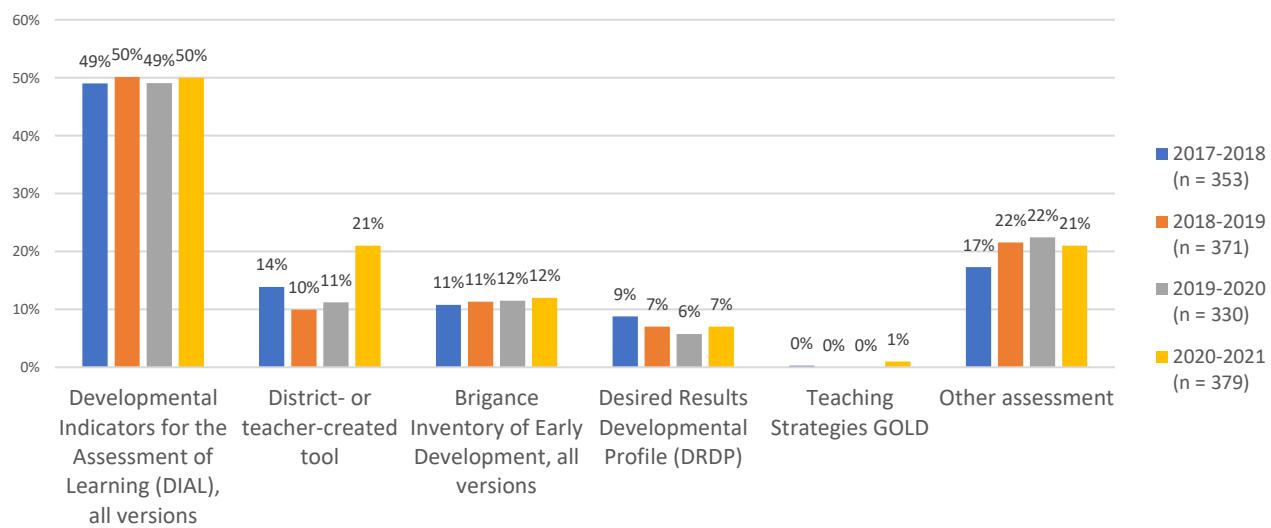
### School Readiness Indicators

DESE met with a group of ECE stakeholders throughout 2020 to review a proposed list of school readiness indicators based on the national initiative and feedback from program leaders across the mixed delivery system. In March 2021, the stakeholder group finalized the list of indicators and updated the School Readiness [webpage](#) with information on the definitions and core indicators of school readiness for Missouri. These indicators set the foundation for the type of information the state will review and analyze in other projects, including developmental screening, ECIDS and kindergarten entry assessment (KEA). The stakeholder group continues to meet to research the data sources for each school readiness indicator and will finalize those sources in 2022.

### Child-Level Indicators of School Readiness

To measure a child's readiness for school, prior to PDG B-5 activities, DESE recommended the Desired Results Developmental Profile (DRDP) as the school readiness tool to be used in preschool, prior to entering kindergarten, to collect information about the child's skills and behaviors. However, a review of data on school readiness tools found most schools are not using the recommended tool.

#### School Readiness Tools Reported by Public Schools in 2017-18 to 2020-21



A closer look at these data revealed most schools reported using the DIAL as the measure of school readiness; however, the DIAL is a developmental screening tool and not designed to measure school readiness. To help determine what steps to take, DESE formed a school readiness stakeholder group comprised of 30 teachers and leaders, eight higher education staff, and seven state staff.

Within the first few meetings, the stakeholder group quickly realized the need to better define screening versus assessment, and the distinction between the purpose and properties of each. The group developed a chart to compare/contrast the core components of each, which included the following:

Topic	Developmental Screening	Kindergarten Entry Assessment
<b>Characteristics</b>	<ul style="list-style-type: none"> <li>• Brief</li> <li>• Inexpensive tools</li> <li>• Provides a snapshot of children's abilities</li> <li>• Norm-referenced</li> </ul>	<ul style="list-style-type: none"> <li>• In-depth</li> <li>• Usually cost more than screening tools</li> <li>• Provides a description of children's abilities</li> <li>• Usually criterion-referenced</li> </ul>
<b>Purpose</b>	<ul style="list-style-type: none"> <li>• To determine if further diagnostic assessment is needed</li> <li>• To provide supportive information for professionals and families</li> </ul>	<ul style="list-style-type: none"> <li>• To inform instruction</li> <li>• To inform families of their children's development</li> <li>• To inform policy at district and state levels</li> </ul>
<b>Targeted population</b>	<ul style="list-style-type: none"> <li>• All children birth to kindergarten entry</li> </ul>	<ul style="list-style-type: none"> <li>• All children enrolled in kindergarten</li> </ul>
<b>Access considerations</b>	<ul style="list-style-type: none"> <li>• How to reach children who are not screened by home visiting/parent education programs, and/or do not attend preschool</li> </ul>	<ul style="list-style-type: none"> <li>• How to reach children who are not enrolled in public schools</li> </ul>
<b>When administered</b>	<ul style="list-style-type: none"> <li>• Administered at least annually birth to five</li> </ul>	<ul style="list-style-type: none"> <li>• Beginning of kindergarten (first 6-8 weeks, depending on tool chosen)</li> </ul>
<b>Who administers</b>	<ul style="list-style-type: none"> <li>• Parent educators, home visitors, child care providers, preschool teachers, healthcare providers, ECSE teachers</li> </ul>	<ul style="list-style-type: none"> <li>• Kindergarten teachers or primary teachers in the case of children with IEPs</li> </ul>
<b>Domains measured</b>	<ul style="list-style-type: none"> <li>• Brief measure of all domains, may have to use several tools to address all domains</li> </ul>	<ul style="list-style-type: none"> <li>• In-depth measure of all domains using one tool</li> </ul>
<b>Results reported</b>	<ul style="list-style-type: none"> <li>• Overall development compared to same-age children</li> <li>• Development in specific domains compared to same-age children</li> </ul>	<ul style="list-style-type: none"> <li>• Overall kindergarten readiness</li> <li>• Readiness in specific domains</li> </ul>
<b>Single vs. multiple tool approach</b>	<ul style="list-style-type: none"> <li>• Multiple tools are already approved for PAT</li> </ul>	<ul style="list-style-type: none"> <li>• Menu approach (multiple tools) allows schools already using an appropriate KEA tool to continue doing so</li> </ul>
<b>Examples of tools</b>	<ul style="list-style-type: none"> <li>• Ages &amp; Stages Questionnaires, Third Edition (ASQ-3)</li> <li>• Ages &amp; Stages Questionnaires: Social-Emotional, Second Edition (ASQ: SE-2)</li> <li>• Developmental Indicators for the Assessment of Learning-4<sup>th</sup> Ed. (DIAL-4)</li> <li>• The Devereux Early Childhood Assessment for Infants (DECA-I), Toddlers (DECA-T) and Preschoolers, 2<sup>nd</sup> Edition (DECA-P2)</li> </ul>	<ul style="list-style-type: none"> <li>• Kindergarten Observation Form (KOF)</li> <li>• Desired Results Developmental Profile-Kindergarten Essential (DRDP-K Essential)</li> <li>• Brigance Inventory of Early Development III Standardized (IED III Standardized)</li> </ul>
<b>Training</b>	<ul style="list-style-type: none"> <li>• To increase availability of screenings, the state should offer training for the selected tool(s) to a variety of early childhood professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Training is critical to ensure reliability and validity, particularly for observation-based measures</li> <li>• To lower costs, the state should work with publishers to gain access to recorded and virtual trainings for the selected tool(s)</li> </ul>
<b>State-level reporting</b>	<ul style="list-style-type: none"> <li>• Need to work with home visiting/parent education programs to collect screening information</li> <li>• Stored in a program-level system</li> </ul>	<ul style="list-style-type: none"> <li>• Need to work with kindergarten teachers to collect KEA information</li> <li>• Stored in the MOSIS K-12 student record</li> </ul>

Group discussions, particularly around **access** for all children to be assessed, generated a two-pronged strategy to support school readiness activities **before and after** kindergarten entry that:

1. Build on the current birth to five screening activities to ensure that all children are screened at least once a year; and,
2. Adopt a comprehensive, multi-domain kindergarten entry assessment (KEA) to be used at kindergarten entry.

### **Lessons Learned**

Stakeholders discussed lessons learned from the current school readiness assessment activities (e.g., what's working, what's not working) and came up with four critical lessons:

1. Administer the tool quickly (within the first few weeks); otherwise, the assessment will also capture learning children have made in the first 6-8 weeks of kindergarten, which may produce invalid readiness data.
2. Consider one-time, low-cost assessments that can be easily aligned to other assessment tools that schools may use in kindergarten.
3. Produce useful information that can inform teacher's instruction and align to the early learning standards, so it is meaningful to the teacher and the parent, and not just one more thing that teachers have to do.
4. Consider training that is easy to access and no-cost to the school, including virtual training that new teachers can access quickly.

### **Kindergarten Observation Form (KOF)**

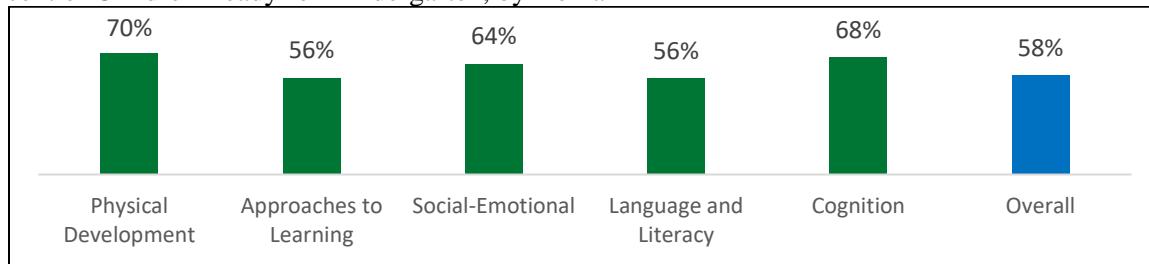
During stakeholder meeting discussions, the group learned of a tool, the Kindergarten Observation Form (KOF), used in the Independence school district and surrounding schools. Stakeholders liked the idea of looking at a readiness tool that a large school district was already using in Missouri, and one that meets the four lessons learned listed above. The stakeholders also appreciated the immediate reporting, from child to classroom level, available to teachers for use in planning instruction. Note: the KOF does not necessarily replace other assessments used in kindergarten, rather it provides a baseline of readiness skills and behaviors that may be aligned to other formative assessments as needed.

### **2021 KOF Pilot Project**

During stakeholder meeting discussions, the group expressed a desire to pilot the use of the KOF in the upcoming school year. In June 2021, DESE held a KEA orientation webinar for all teachers, leaders, and other school staff interested in the KOF pilot. The webinar summarized the key points and discussions from stakeholder meetings. In August 2021, DESE used PDG B-5 funds for virtual training with approximately 100 kindergarten teachers and school leaders/staff to learn more about the KOF. The training duration was approximately two hours and no-cost to the schools who participated. In September and October 2021, teachers administered the KOF for students entering kindergarten and reported the data in the October cycle of DESE student data.

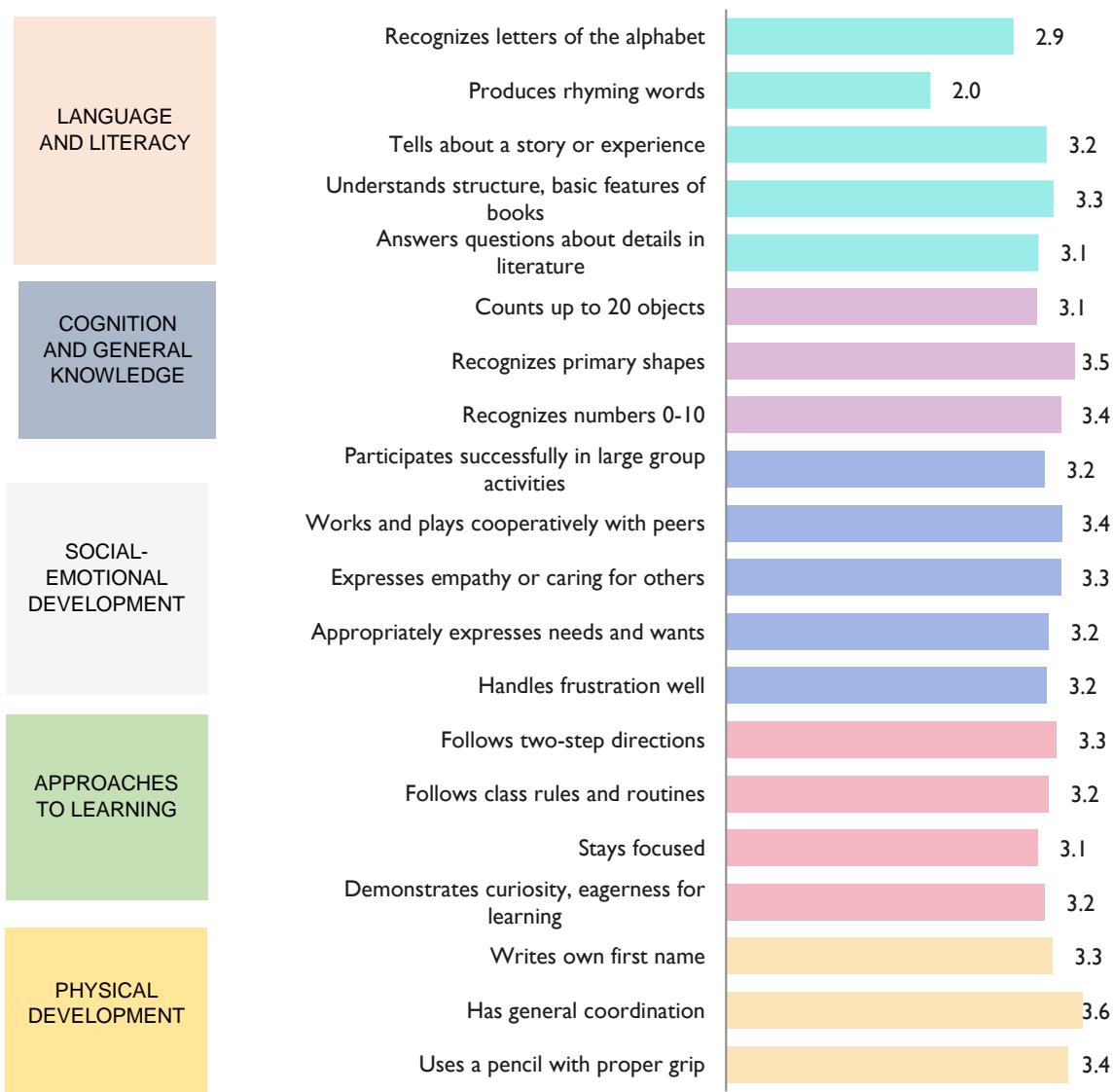
Fifteen schools and 46 classrooms across eight school districts completed 849 assessments. The chart below displays the percent of children who were ready for kindergarten in each of the five readiness domains and overall. A child is ready in a domain if they scored 3.25 or higher (out of 4 possible) and ready overall if their overall average score across items was 3.25 or higher. More than half (58%) of children assessed were ready for kindergarten overall, with readiness levels highest in Physical Development (70%) and lowest in Approaches to Learning (56%) and Language and Literacy (56%).

### Percent of Children Ready for Kindergarten, by Domain



Note: Students with an average score of at least 3.25 out of 4 are considered “ready” for kindergarten. Students without valid domain scores are omitted from the analysis.

The chart below shows the students’ average proficiency level for each readiness skill. Mean scores were generally higher in the Physical Development domain and lower in the Language and Literacy domain. Scores range from 1 = “Not Yet” to 4 = “Proficient.”

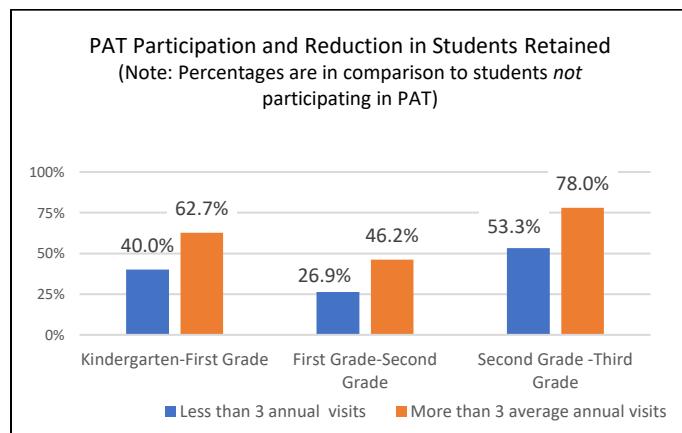
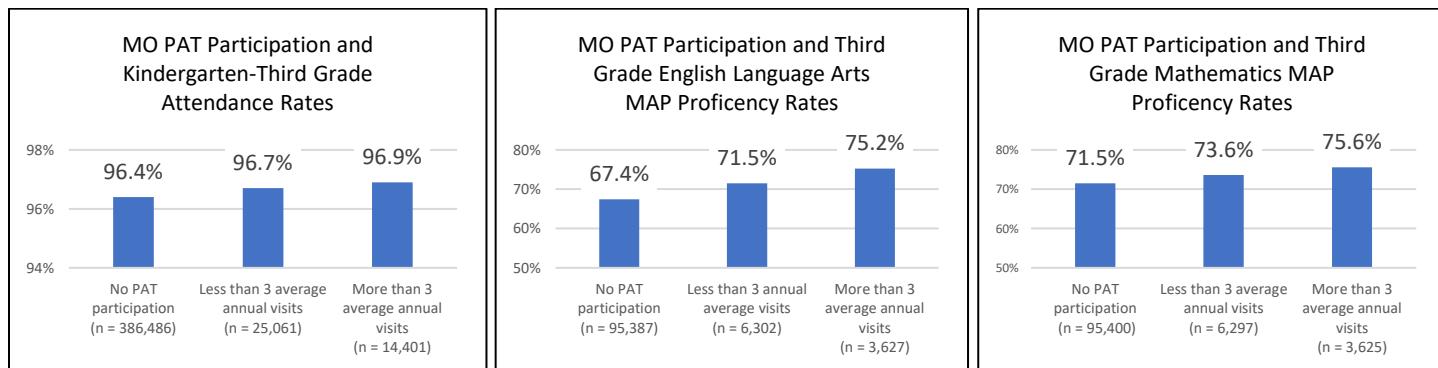


## Parent Education Study

DESE used PDG B-5 funds to contract with the University of Missouri's Institute of Public Policy to examine the effects of Missouri Parents as Teachers (MO PAT) participation on child outcomes, including elementary grade attendance, retention, and third grade assessments. Twenty-five school districts participated in the study. The participating districts provided a diverse representation of Missouri school districts based on geography and district characteristics.

Using propensity-score matching to control for lack of randomization, results showed children who received, on average, three or more annual visits had statistically significantly higher rates compared to their peers who did not participate in MO PAT and were significantly less likely to be retained in grades kindergarten through third grade than their peers who did not participate in MO PAT. These positive effects were even stronger when children received free and reduced-price lunch or were identified as having a disability.

The following charts show the outcomes of the study. These results point to the positive medium-term effects that MO PAT has on enhancing child outcomes. In particular, MO PAT participation resulted in students being more likely to score proficient or higher on third-grade MAP tests. The results also demonstrate the likely cost-saving benefits of MO PAT participation for school districts through improved attendance rates and fewer students having to repeat grades. A full report is available on the Office of Childhood [MO PAT webpage](#).



## Leadership Development for Elementary Principals

After the original PDG B-5 renewal application, the state pivoted to a new leadership plan for elementary principals in order to build on the existing Missouri Leadership Development System (MLDS) and the experience regional consultants have with regional training for school leaders. DESE expanded the

existing MLDS model by identifying a cohort of elementary principals that have pre-kindergarten programs in their district.

DESE used PDG B-5 funds to expand an existing contract with a university in the south-central area of the state to provide elementary principals with a systematic approach to their roles and responsibilities. University staff identified the first cohort of elementary principals within the MLDS to develop appropriate early childhood content for teachers and leaders. The purpose of this activity was to increase the participants' knowledge and understanding of school readiness, high-quality instructional practices, and successful transitions between early childhood programs and kindergarten.

University staff conduct surveys of participating principals to determine the effect of MLDS participation in the early childhood cohort. Results from the 2021 survey indicated nearly all participants agreed that their knowledge of transitions (*Question: through MLDS training, I am growing in the knowledge required for effective leadership in early childhood transition to kindergarten*) increased as a result of MLDS training (88% in 2020, 85% in 2021).

With respect to transition skills (*Question; through MLDS training, I am growing in the skills required for effective leadership in early childhood transition to kindergarten*), 69% of participants agreed they were growing in the necessary leadership skills in 2020, whereas 95% agreed with the item in 2021.

For the item addressing effective leadership in early childhood and elementary school teaching (*Question: through MLDS training, I am growing in the skills required for effective leadership in early childhood and elementary school teaching and learning contexts*), 69% agreed in 2020 compared to 100% in 2021.

## Question Eight

**How have PDG B-5 funds helped enhance or improve data coordination and sharing in your state's early care and education system? Include in your response progress related to ECIDS, SLDS, and distinct counts (unduplicated count).**

The biggest accomplishment in 2021, related to enhancing data coordination, was the completion of the initial phase of the state's ECIDS. To help explain the purpose and functionality of the ECIDS, the state developed an [introductory document](#) and disseminated this information broadly to stakeholders and program leaders.

Within the first few months of launching the new Office of Childhood, staff across the office put together a report of the [First 120 Days](#) to educate the general public on the work of the new office. The creation of this report also provided state staff and its important partners with the opportunity to better understand the process for collecting and reporting data. Generating reports like this will assist state staff and the general public in moving towards reporting formats that will be similar to the dashboards and reporting available through ECIDS in the future.

DESE used PDG B-5 funds to conduct research into programs and execute a contract with an experienced vendor to build the back end of the ECIDS system. During the ECIDS pre-work, approximately 20 early childhood programs at DESE, DSS, DHSS, DMH, and OA were researched, including staff interviews, focus groups, and detailed review of data available from the different programs. From this research, programs were identified for an initial roll-out; however, all of the programs transitioned to the Office of Childhood in 2021 as part of the plan to consolidate early childhood governance, with the exception of Children's Trust Fund home visiting, Immunizations, and Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

The ECIDS back-end database development and transmission of data from other systems began in 2021. As of December 2021, the back-end development was approximately 70% complete. There are three phases of the work planned for 2022.

- Phase I – Initial deployment. The initial deployment of ECIDS and transmission of data from other systems are scheduled for completion by March 31, 2022. At that point the infrastructure will be in place and other phases will simply be adding additional programs to ECIDS. The programs scheduled for Phase I activities are:
  - Promoting Healthy Outcomes Home Visiting Programs
  - State-funded Head Start Programs
  - Public Preschool Programs in School Districts
  - Early Childhood Special Education
  - First Steps (Part C of IDEA)
- Phase II – Continued Transmission of Program Data. The programs scheduled for Phase II activities in 2022 are:
  - Children's Trust Fund Home Visiting Programs
  - Preventing Child Abuse/Neglect Home Visiting Programs
  - Parents as Teachers (PAT) in School Districts (partial transmission for programs using Visit Tracker system only)
- Phase III – Continued Transmission of Program Data. The programs scheduled for Phase III activities are the following (Time frame likely Spring 2023, transmission of data cannot occur until after new program-level data systems are in place):
  - Child Care Subsidy

- Parents as Teachers (PAT) in School Districts (statewide when new data system in place)

The ECIDS front end is currently under design. The key functional uses of data from this access point are:

- Individual Child Participation – allows an educator or professional to review participation information and basic screenings for an individual child enrolled in an ECIDS program.
- Aggregate Reports – allows the general public to access suppressed aggregate reports of information contained in ECIDS.

## Question Nine

**How have PDG B-5 funds helped ongoing efforts to enhance and/or implement your state's Program Performance Evaluation Plan? Provide a description of how your Program Performance Evaluation has informed your PDG B-5 grant activities to date.**

The Program Performance Evaluation Plan (PPEP) was structured to align with Missouri's Early Care and Education Strategic Plan, developed during the first PDG B-5 funding year. The PPEP utilizes extensive data and stakeholder information collected in the statewide needs assessment. The PPEP provides the suggested tools and mechanisms for measuring the state's process and progress toward implementation of the strategic plan, constructs avenues to allow the state to foster continuous improvement, and shares best practices, lessons learned, and plans for the future with key stakeholders. The PPEP is a living document and ongoing evolution of the plan has happened as priorities are refined, activities are completed and implementation plans are solidified.

The launch of the Office of Childhood created the opportunity to continue to modify and improve the PPEP to address the emerging and ongoing strategic goals of the new office. Modifications, updates, and revisions will continue to allow the PPEP to fully capture appropriate metrics to track progress, improve quality, and plan for the future.

- Throughout 2022, as the state modifies the current ECE Strategic Plan to align with the vision, goals, strategies, and measures for the new office, as well as the lead agency's strategic plan, the PPEP goals and measures will have to be updated to align the work.
- By the end of 2022, the state aims to have one document that represent the strategic plan for the new office, Missouri's ECE system as a whole, alignment with the K-12 strategic plan, and the PPEP required for the PDG B-5.

This summary provides a narrative of progress made in the following stages of the PPEP; these stages were completed concurrently by DESE and their contractors. Many of the stages have initial completion updates and then ongoing engagement throughout the project timeline.

- **Communication with project leads:** Communicate with project leads to define or refine expectations, data collection and sharing agreements, share evaluation standards, data collection and reporting calendars and provide contact information for any needed technical assistance.
- **Data collection:** The evaluators have identified the relevant data, helped develop data sharing agreements, identified any new data needs, developed appropriate data collection tools, accessed shared data, developed a data collection schedule and communicated with stakeholders about data needs, timelines, and format.
- **Data analysis:** Data analysis is conducted by the evaluators to determine progress toward the goals outlined in the PPEP.
- **Report writing and dissemination:** The final report brings together the data and findings to form a comprehensive evaluation of the PDG B-5 grant implementation. Summaries of the final report will be designed for dissemination to various audiences and media.

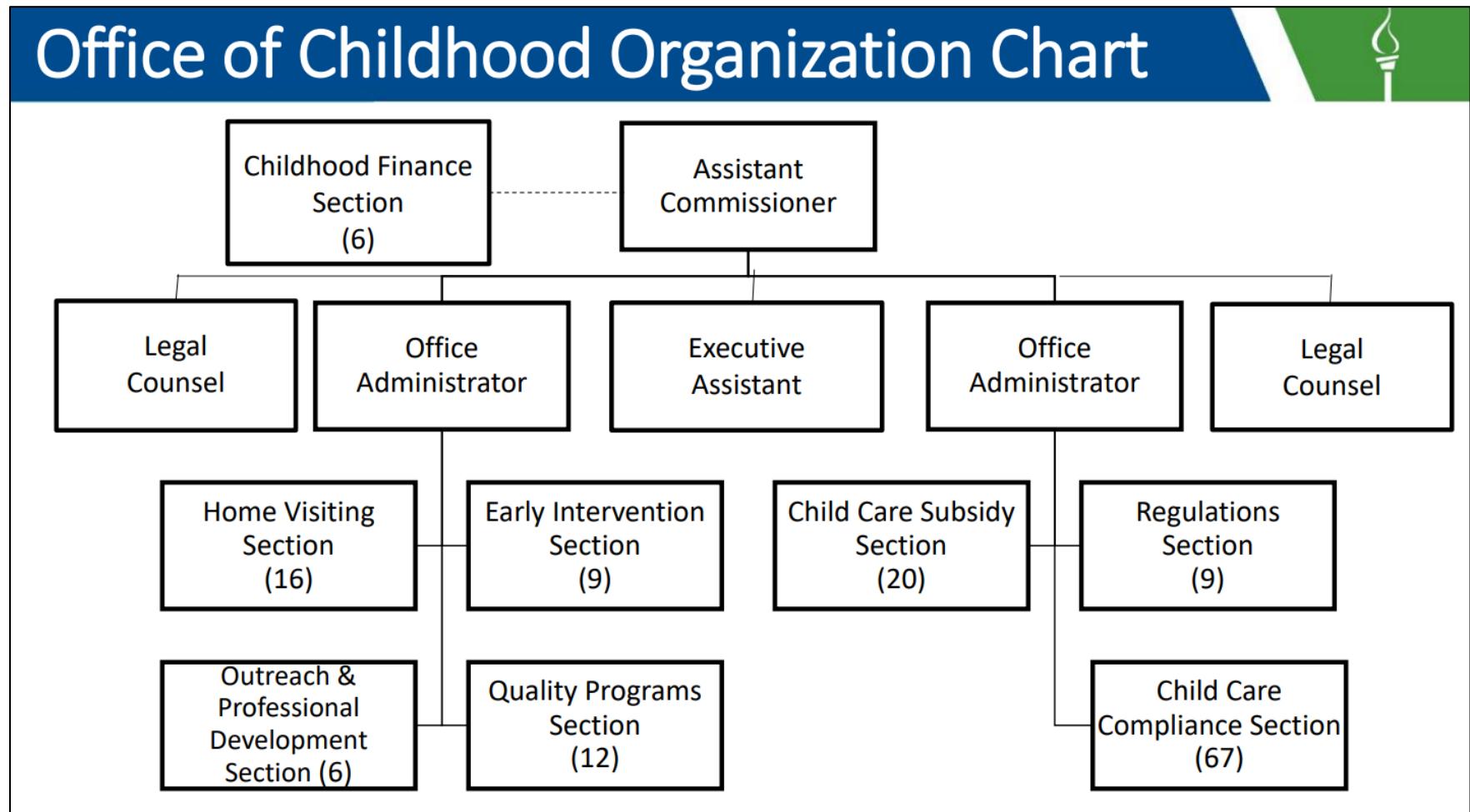
Specific activities related to the PPEP include:

- Disseminated annual Stakeholder Survey, data collected and analyzed.
- Completed a brief on national resources to help with PPE.

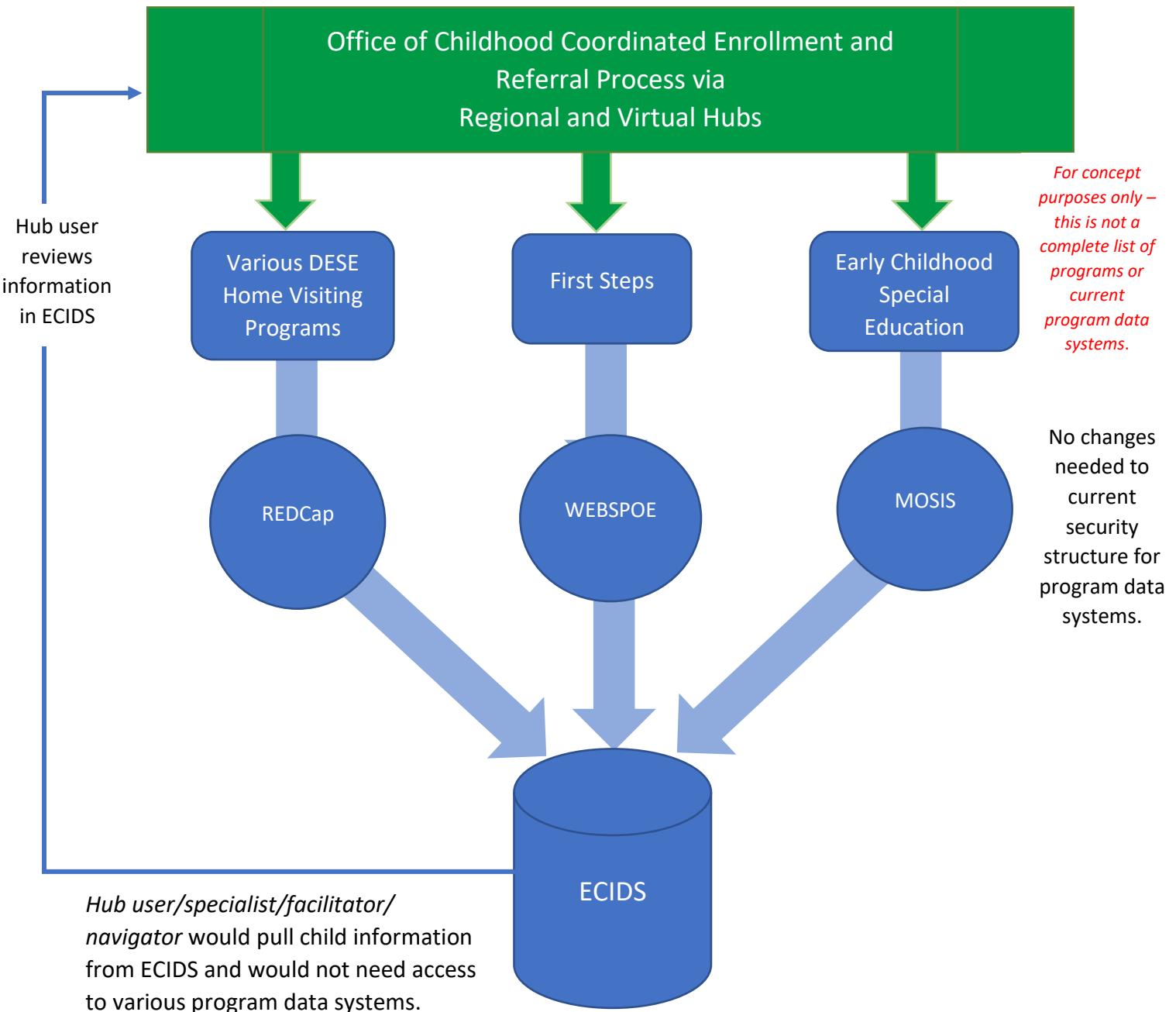
- In consultation with DESE staff, reviewed and refined the outcome areas to be measured and identified measurable indicators to track progress toward the goals of the project. Incorporated opportunities to broaden and deepen the measurable outcomes of the project.
- Convened stakeholders and partners to create a shared understanding of the data collection processes and timelines and answered questions about the need and use of shared data.
- Collected data from stakeholders and partners.
- Produced an annual report.
- Worked with TA provider to help shape PPEP and identify additional resources for tracking outcomes.
- Participated in TA webinars regarding PPEP and APPR.

The PPEP and annual report are used to identify areas for modification and improvement to ensure appropriate measures are in place and adequately measuring progress. Additionally, the state has utilized the findings to monitor progress and foster continuous improvement. Specifically, the state will utilize the annual outcome report to understand the current state of indicators that will be tracked to show progress and areas that need additional attention to allow for continuous improvement.

Appendix A: Office of Childhood Organization Chart  
(Numbers represent staffing levels for each section)



## Appendix B: Program Data Flow and Access



The development screenings from various programs would be recorded in their respective systems and flow into ECIDS. Essentially, anyone with access to the child's personally identifiable information (PII) in ECIDS could see the child's developmental screening.

ECIDS security roles are still under review but currently *Hub user/specialist/facilitator/navigator* has PII access to individual child information.

Appendix C: Categories and Sub-categories for Resources

Category	Subcategory	Subcategory Definition
Basic Essentials	Food	Food banks and pantries; food stamps; WIC; brown bag food programs; food safety education; agencies offering food preparation, nutrition or food production classes
	Housing	Housing search assistance, low income housing, maternity homes, homeless shelters, domestic violence shelters, housing authorities, subsidized housing, rent and mortgage assistance, supported housing
	Utilities	Assistance with utility bills, including electric, gas, heating, water and internet
	Baby Care Items	Diapers, cribs, car seats, formula, clothing, other baby needs
	Clothing and Household Items	Clothing, winter coats, personal care items, thrift shops, furniture, computers, cell phones, appliance repair
	Transportation	Medical transportation, disabled transportation, free and/or reduced transportation services, bus passes, gas vouchers, ride share programs
	Financial Resources	Temporary assistance for needy families, consumer counseling and financial planning, child care subsidies, medical public assistance, social security, worker's compensation, unemployment, caregiver subsidy, tax assistance
Early Care and Education	Child Care	Local child care programs, preschool, parent's day out, referral services, nanny and babysitter agencies, Head Start, Early Head Start
	Local School District	Prekindergarten through Grade 12
	Parenting Education	Parenting classes, developmental milestones,

		parenting education and support, behavior management
	Early Intervention	Programs for children birth to age 5 who have developmental delays or special needs
	Special Needs	Programs offering educational, medical, social and/or therapy services to children with special needs
	Home Visiting	Parents as Teachers, Healthy Families Missouri, Early Head Start, Nurses for Newborns, Nurse Family Partnership
	Developmental Screenings	
	School Supplies	
	Car Seat Safety	Car seat safety and installation
	Prenatal	Child birth classes, prenatal care
	Crisis Nurseries	
Career and Adult Education	Adult Education	Continuing education courses, budgeting, time management, communication
	GED and ESL Classes	
	Education Support Services	
	Job Training, Life Skills and Career Advancement	Job development, employment preparation, job search services, vocational rehabilitation, resume building assistance, job placement services, youth transition programs
	Literacy Programs	
Health and Wellness	Physical Health	Wellness screenings, health departments, health clinics, health support services, hospitals, medical equipment, medications, prescriptions, nursing services, specialty medicine
	Mental Health	Therapy, counseling services, mental health treatment, support groups, mental health facilities, anger management, counseling, behavioral assessments
	Vision Care	Vision screenings and services
	Dental Care	Dental services
	Support Groups	Mental health, health related, substance abuse,

	Crisis Counseling	
	Domestic Violence Services	
	Substance Abuse	Substance abuse services and support groups
	Health Insurance	Public insurance, private insurance
Recreation and Social Opportunities	Youth Clubs and Sports	Agencies that offer youth sports, educational opportunities and clubs
	Libraries	Local library branches
	Playgroups	Agencies that offer playgroups, music time, story time, art classes for young children
	Museums, Art and Culture	
	Environmental Conservation	
Community Support Services	Disaster Response Services	Disaster preparedness, disaster recovery organizations, disaster response services, disaster shelters, FEMA, special needs registries
	Community Centers and Groups	
	Military Support	
	Municipal Services and Government Services	
	Child and Adult Protective Services	
	Adoption Programs	
	Group and Foster Homes	
	Safety Education and Recall Information	
	Advocacy Agencies	Education advocacy programs,
	Fire Department and Services	
	Law Enforcement Agencies and Services	
	Holiday Assistance	